

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/18/03.

I. DISPUTE

Whether reimbursement is recommended for the CPT codes and date of service listed below. The requestor submitted EOBs for CPT code 97139-PH, 99070-PH, 99212 and 97110 for the date of service 07/17/02. The carrier denied services as “D-These services have already been considered for reimbursement. A previous submission for the same service/procedure is being processed”.

II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/17/02	97139-PH	\$35.00	\$0.00	D	DOP	MFG MGR (IV) 133.307(g)(3)(A-F)	The requestor submitted relevant information that meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of \$35.00 .
07/17/02	99070-PH	\$7.00	\$0.00	D	DOP	MFG MGR (IV) 133.307 (g)(3)	The requestor submitted relevant information that meets documentation criteria per the MFG. Therefore, reimbursement is recommended in the amount of \$7.00 .
07/17/02	97110	\$140.00	\$0.00	D	\$35.00 each 15 minutes	MFG MGR (I)(A)(10) 133.307(g)(3)(A-F)	MFG MGR (I)(A)(10) CPT descriptor: Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, no reimbursement is recommended.
07/17/02	99212	\$32.00	\$0.00	D	\$32.00	MFG E/M (IV)(C)	Relevant information submitted supports delivery of service per the MFG and reimbursement is recommended in the amount of \$32.00 .
Totals		\$214.00	\$0.00				The Requestor is entitled to reimbursement \$74.00 .

III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97139-PH, 99070-PH and 99212. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$74.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of March 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb